

12-18-01

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PTO/SB/50 (08-00)

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12/07/01  
JC962 US PTO  
10/020425

## REISSUE DIVISIONAL PATENT APPLICATION TRANSMITTAL

Address to:  <b>BROADENED REISSUE</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	MTS-520US2
	First Named Inventor	Mitsuaki Oshima
	Original Patent Number	5,761,301
	Original Patent Issue Date (Month/Day/Year)	June 2, 1998
	Express Mail Label No.	EL 923263897 US

APPLICATION FOR REISSUE OF:  
(check applicable box)  Utility Patent  Design Patent  Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)	9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>		
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Substitute Reissue Oath / Declaration (original or copy) and copy of Defective Declaration (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	14. <input checked="" type="checkbox"/> Other: Copy of Offer to Surrender		

## 14. CORRESPONDENCE ADDRESS

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or  Correspondence address below

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Signature		Date	December 7, 2001

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MTS 520 452

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## REISSUE DIVISIONAL APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
MTS-520US2

### Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity				
				Rate	Fee	Rate	Fee			
(A) 43	Total Claims (37 CFR 1.16(j))	(B) 03	* 00	X\$		or	X\$			
(C) 07	Independent Claims (37 CFR 1.16(i))	(D) 01	* 00	=			=			
						\$ 740.00				
						\$ 740.00				
<b>Claims as Amended - Part 2</b>										
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity			
					Rate	Fee	Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$		or	X\$		
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	X\$			=		
						\$		\$		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.  
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

December 7, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Allan Ratner, Reg. No. 19,717

Typed or printed name

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**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): M. Oshima et al.

Docket No.

MTS-520US2

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

**Invention: MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK,  
REPRODUCING APPARATUS, OPTICAL DISK AND METHOD PRODUCING OPTICAL DISK**

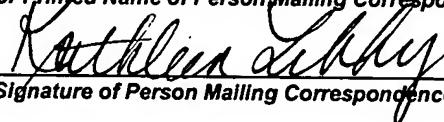
I hereby certify that the following correspondence:

Reissue Divisional Application and its related enclosures

*(Identify type of correspondence)*

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to:

The Assistant Commissioner for Patents, Washington, D.C. 20231 on December 7, 2001

Kathleen Libby*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EL923263897US*("Express Mail" Mailing Label Number)*

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